U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| | For Official Use Only |
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1. Fite Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From.

| /3333 | 1 / 1 / 2004 Through: 12 / 31 / 2004 | | |
|--|--|--|--|
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | |
| Name David W Richmond | Name Illinois Federation of Teachers | | |
| | Labor Organization File Number 509-974 | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | | |
| Street 604 CR 1000E | Street 500 Oakmont Lane | | |
| City Tolono | City Westmont | | |
| State Illinois ZIP Ccde + 4 61880 | State Illinois ZIP Code + 4 60559-5520 | | |
| 5. Position in labor organization. Director of Internal Operations | | | |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest Transaction, or Income. | | |
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bidg., Room No., if any | | | |
| | 7.b. Amount. | | |
| Street | | | |
| City | | | |
| State ZIP Code + 4 | | | |
| Signature | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | |
| Signed Signed | On 8/15/05 (630) 571-0100 | | |
| | Date Telephone Number | | |

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bansley and Kiener, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 8745 W Higgins

City Chicago

State Illinois

ZIP Cod 3 + 4 60631

9. Business deals with:

X a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Ccde + 4

11.a. Nature of such dealing.

Independent Auditor

11.b. Approximate dollar value of such dealing.

\$46,360

12.a. Nature of interest held or income received.

Database consulting services.

12.b. Amount. \$9, 615

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Jacobs, Burns, Orlove, Stanton & Hernandez

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

Street 122 S. Michigan Ave., Suite 1720

City Chicago

State Illinois

ZIP Code + 4 60603-6145

or Consultant

14.a. Nature of payment.

12/6/04: Christmas Box of Chocolates

14.b. Amount of paymen'.

\$30